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s form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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(Depositor's name) (Signuture) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,514	03/17/2004	Gregory Adam Solan	2003B023	3960

TITLE OF INVENTION: CATALYST COMPOSITION

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DAYE DUE			
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/27/2007			
EXAMINER		ART UNIT	CLASS-SUBCLASS						
GROUP, KARL E		1755	502-103000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" ladication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents, if no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If arranging its identified below, no assignee data will appear on the patent. If arranging its identified below, no assignee data will appear on the patent. If arranging its identified below, no assignee at 18802514  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OF COUNTRY)  (B) RESIDENCE: (CITY and STATE OF COUNTRY)  1400.00 DA  6.00 DA  6.00 DA  Please check the appropriate assignee category or categories (will not be printed on the patent):     Individual   Corporation or other private group entity   Government									
			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is altached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (5-1312) (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}									
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form und/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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